

**MS State Board of Examiners for
Social Workers and Marriage & Family Therapists
P.O. Box 4508
Jackson, MS 39296-4508
601-987-6806/Fax: 601-987-6808**

CONTINUING EDUCATION REPORT FOR SOCIAL WORKERS

Name: _____ License No. _____

You are required to list a total of forty (40) continuing education hours to meet the renewal requirements of the which must include four (4) ethics hours and two (2) hours of cultural diversity. Please list hours as general (gen.), ethics, or cultural. Do not attach brochures, or any additional materials unless you have been notified that your records are to be audited. **Please complete as many forms as necessary to document hours. Please do not use initials when writing the names and events or sponsoring organizations. Please only list conferences or events that were approved by MS Chapter of NASW, National NASW, or any organization approved by ASWB. The approval must be documented on the certificate you received. Please refer to your rules and regulations for guidelines for submitting continuing education.**

- | | | |
|--|--|--|
| | | Circle one |
| | | <i>Month/Date/Year Hrs (gen. ethics cultural)</i> |
1. Event: _____
- Sponsoring Organization: _____
- | | |
|---|--|
| Sponsor or Approval # _____, when available | Circle one |
| | <i>Month/Date/Year Hrs (gen. ethics cultural)</i> |
2. Event: _____
- Sponsoring Organization: _____
- | | |
|---|--|
| Sponsor or Approval # _____, when available | Circle one |
| | <i>Month/Date/Year Hrs (gen. ethics cultural)</i> |
3. Event: _____
- Sponsoring Organization: _____
- | | |
|---|--|
| Sponsor or Approval # _____, when available | Circle one |
| | <i>Month/Date/Year Hrs (gen. ethics cultural)</i> |
4. Event: _____
- Sponsoring Organization: _____
- | | |
|---|--|
| Sponsor or Approval # _____, when available | Circle one |
| | <i>Month/Date/Year Hrs (gen. ethics cultural)</i> |
5. Event: _____
- Sponsoring Organization: _____
- | | |
|---|--|
| Sponsor or Approval # _____, when available | |
|---|--|

		<i>Month/Date/Year</i>	Circle one <i>Hrs (gen. ethics cultural)</i>
6.	Event: _____	_____	_____
	Sponsoring Organization: _____		
	Sponsor or Approval # _____, when available	<i>Month/Date/Year</i>	Circle one <i>Hrs (gen. ethics cultural)</i>
7.	Event: _____	_____	_____
	Sponsoring Organization: _____		
	Sponsor or Approval # _____, when available	<i>Month/Date/Year</i>	Circle one <i>Hrs (gen. ethics cultural)</i>
8.	Event: _____	_____	_____
	Sponsoring Organization: _____		
	Sponsor or Approval # _____, when available	<i>Month/Date/Year</i>	Circle one <i>Hrs (gen. ethics cultural)</i>
9.	Event: _____	_____	_____
	Sponsoring Organization: _____		
	Sponsor or Approval # _____, when available	<i>Month/Date/Year</i>	Circle one <i>Hrs (gen. ethics cultural)</i>
10.	Event: _____	_____	_____
	Sponsoring Organization: _____		
	Sponsor or Approval # _____, when available		

I certify that the information submitted is true and corrected, and that the original verification is available for inspection if I am chosen for audit.

Total Hours: _____

Signature

Date